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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/049585		FILING DATE			
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.					
1	1		1				51				
2		1		1			52				
3		2		1			53				
4		1		1			54				
5		2		1			55				
6		1		1			56				
7		1		1			57				
8	1		1				58				
9	1		1				59				
10		1		1			60				
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46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3		3				TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS	12		10				TOTAL CLAIMS				

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